



CONTRACT SUMMARY FORM

ADMINISTRATOR USE ONLY

No.: 15-CR-022

City Primary Contact: Stephen Scott
Secondary Contact: Elizabeth Mangual
Department: Community Redevelopment Agency
Phone Number: 305-224-4480
Dept. Fax: 305-224-4489
Primary Email: sscott@cityofhomestead.com
Secondary Email: emangual@cityofhomestead.com

Vendor: Mexican American Council, Inc.
Contact: Maria Garza
Address: 151 NW 11th Street, Suite E400
City: Homestead State: FL Zip: 33030
Phone: 786-243-2328
Fax: 786-504-3953
E-mail: macpresidentfl@gmail.com

1. Type of Agreement (Ex: Maintenance, Consulting, etc.): Grant Distribution Agreement

2. Does this agreement replace an existing contract: Yes No * If yes, prior Contract #: _____

3. Briefly explain the purpose or description of the scope of service of this Contract:

Not for Profit Grant 2015 Mexican American Council CAR 1401 approved by the CRA Board on 04/14/2015.

4. Is Insurance required? Yes No * If yes, who is required to have it? Vendor

(Please note it is the Departments responsibility to acquire Risk Approval)

5. Term of Contract: Start Date: Upon execution End Date: December 31, 2015

6. Total Value of Contract: \$ 35,000.00 ✓ Paid to: City Vendor

7. Monies are due: (Circle One) Monthly Quarterly Annually Other: As invoiced

8. How much money is due or owed per circled item above: \$ 35,000.00 ✓

9. Account Number(s): 360-0918-554.83.50 ✓

10. If monies are paid to City, does Vendor pay Sales Tax (7%): Yes No

11. Do Late Fees Apply? Yes No Percentage of Late Fees/ How much: _____

12. All agreements involving payment to vendor must be accompanied by a requisition. Req. # 117647 ✓

13. Was this agreement drafted/ reviewed by a City Attorney? No Yes: If yes, whom? _____ Matt Pearl, ESQ

"Right to Audit" clause included: No Yes: If not, please obtain City Manager's authorization.

City Manager's Authorization: _____ Finance Authorization: _____

(Please note it is the Departments responsibility to acquire Legal approval)

14. Other than the expiration of this agreement; are there any other dates that you want to be notified by e-mail on?: Yes No; if yes, please list dates and reason on lines below:

15. Was this item approved by Council? Yes No approved 04/14/2015
If yes, please provide complete package.

16. Would you like the agreement sent out by regular mail or by FedEx. N/A

If by FedEx please provide account number. _____

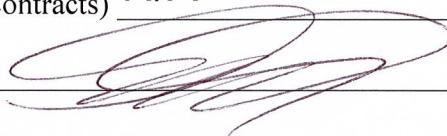
Form Prepared By: Eddie Sanchez Date: April 24, 2015

Dept. Head Approval: Elizabeth Mangual  Date: April 24, 2015

HR Dept. Approval (Employee related contracts): N/A Date: _____

Risk Management: David M. Thompson Date: 4/25/15

I.T.S Approval (for Technology Contracts) N/A Date: _____

Procurement & Contracts  Date: 5-6-15

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Completed & Appropriate Packet Submitted to Procurement on: 4/30/15

Prepared & Reviewed By: Christina Garcia Contract No. 15-CR-022

2nd Review: LEXUS GUERRERO Date: 05/4/15

Final Review: Dawn R. Rusk, CDPB
In behalf of Carol McPatrick Date: 5-4-15